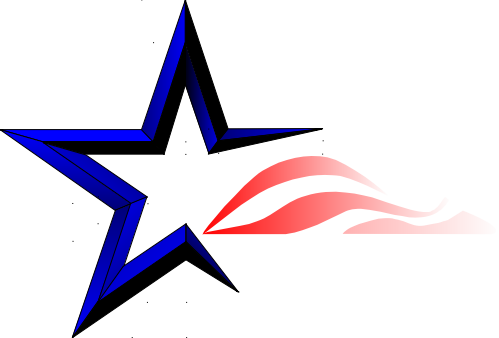# FLEET AND FAMILY SUPPORT PROGRAM PRE-ACCREDITATION TRAINING

Prepared by PERS-660
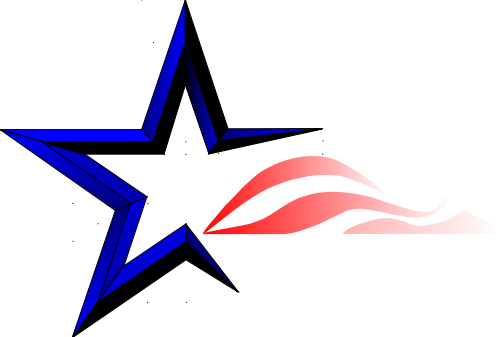**Approved by FY04 Accreditation Advisory Council**

Overview

- Knowledge is power – Know the process
  - Review the current accreditation process (pre, on and post-site visit) – New Accreditation Handbook
  - Review the role of the team member, the team leader, and PERS-66 – New Management Guide
- Getting Ready
  - Organizing the Staff
  - Developing and Monitoring the "To Do" List
  - Preparing for the site visit
  - Lessons learned
- Hands-On...

Goal of Current Process

- Criteria that are general enough to cover different types of settings, yet specific enough to be objectively observable to measure site compliance.
- Includes FAP for the first time.
- 4 Step Process
  - Self Study
  - Site Visit
  - Site Follow-up (as necessary)
  - PERS-6 Decision

29 Standards

- Based on legal and regulatory requirements & standard professional practices
- Standards are updated quarterly based on policy changes or clarifications
  - Teams will review using quarterly updates 90 days after posting.
- Organized by:
  - Deployment/Readiness
  - Crisis Response
  - Career Support/Retention
  - Program Management

5 Methods to Evaluate Compliance with Standards

- Review of Written Documentation
- Review of Client Records
- Direct Observation on-site
- Interviews with key staff and command
- Focus group interviews

Review of Written Documentation May include:

- Instructions signed by the responsible Commander
- SOP's signed by the FFSP Director/Site Manager
- E-mails
- Correspondence
- General file documentation
- Marketing materials (e.g., schedule of activities and calendar of events)
- Meeting minutes
- Budget documentation
- Needs assessments
- Customer comment sheets
- Inspection reports
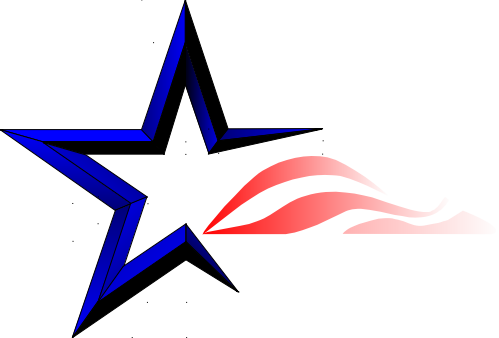- Other written documentation routinely maintained

Client Record Reviews

- Includes client records (e.g. Clinical, Family Advocacy Program , Personal Financial Management , New Parent Support)
- *Detailed* checklists
  - Clinical Counseling Case Review
  - Clinical/FAP Record Management
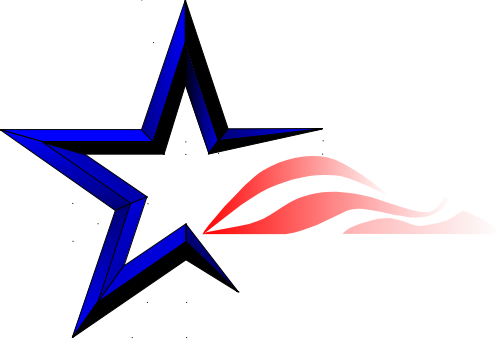 - FAP Training
  - FAP Records

Direct Observation

- Observation of the facility and practices (e.g, security of client records)
- Observation of materials and equipment
- Observation of training workshops and other classes (time permitting)

Interviews

- FFSP management and direct-care staff --all staff if you choose
- Command leadership
- Comptroller staff
- Case Review Committee Chair
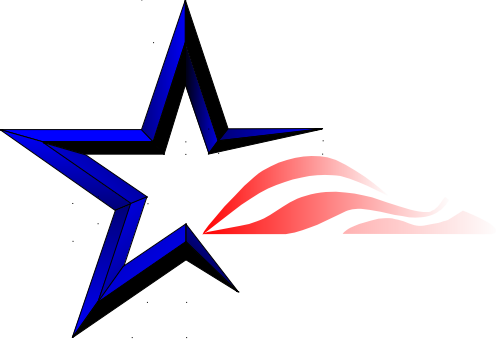- Other appropriate base/community personnel

Focus Groups

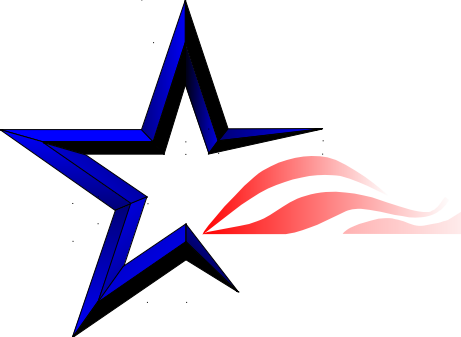- Ombudsmen
- Senior leadership, Chaplains, Others

Site selects the focus group members...small sites may only need one group

Focus Group Feedback used in findings should also be supported by documentation review and observation on-site
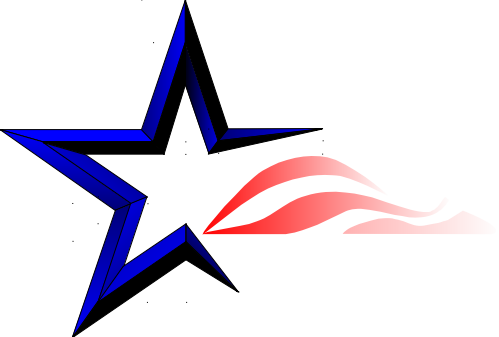
Team Member Assignments

- Meet qualifications - Chain of Command nomination
- Trained before conducting a site-visit
- Assigned based on program size and scope, geographic location, and subject matter "mix" required (e.g., clinical, program, management)
- Conflict of interest - team member names given to Command prior to visit coordination. If command believes there may be conflict they notify PERS-66. Team members also indicate potential conflicts.
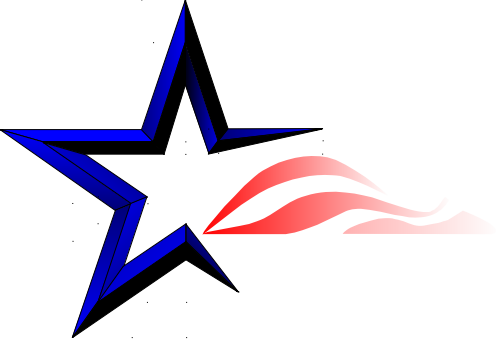
Checks and Balances

- Modeled after industry
- Required procedures documented in either Accreditation Handbook or Management Guide
- Regional staff serve as observers in their regions and on Teams in other regions
- PERS-660 will periodically "shadow" teams as an observer
- Comprehensive evaluations & feedback
- Opportunity to request reconsideration of findings
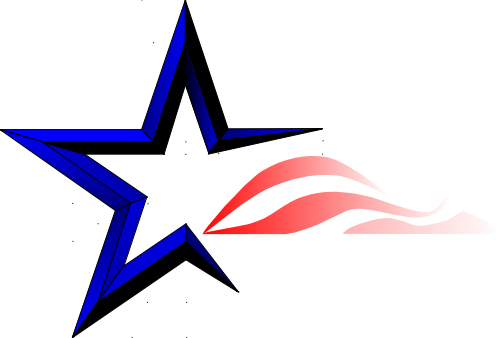- Accreditation Advisory Council (AAC)

The Site-Visit

- Determines compliance with standards
- Team members DO NOT make decisions about accreditation but advise PERS-6 with summary of discrepancies they observe (and ONLY when the entire team agrees)
- Team discusses findings with Director daily - allows site to provide additional info
- Out brief emphasizes strengths and any areas that may require corrective action
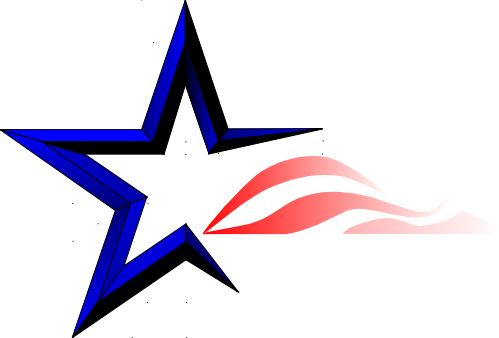
The Site-Visit

- Teams do not provide:
  - Consultation
  - Training
  - Complaint Resolution
- Standards are not modified to accommodate staffing challenges
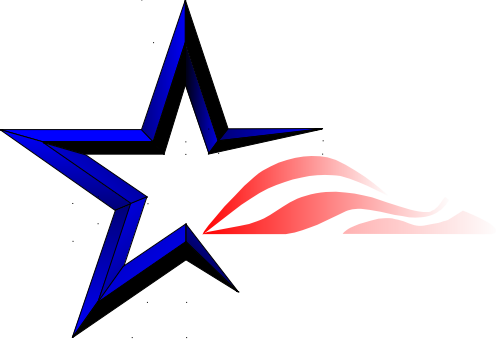 - Will be used to determine Navy-wide ability to meet standards

The Report

- The final product of the visit is the Findings Report
- Report Format
  - Standard
  - Observations
  - Actions Required (if needed)
  - Evidence to Show Compliance (if actions required)
- Working copy left on-site – PERS 6 forwards officially via chain of command within 30 days
- Commands have:
  - 90 days to take correction actions
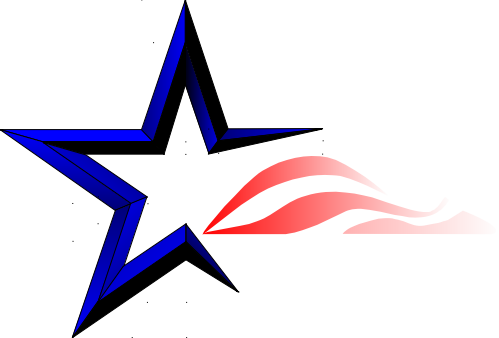 - 30 days to request reconsideration of findings

Decision Making

- No numeric or percentage scores
- If accreditation is approved, certificate for three years is issued. If further actions are required, specific reasons will be provided and recommendations for corrective action offered
- FFSP may make necessary improvements and request an additional on-site validation
- Appeals: Command has 30 days upon receipt of decision to appeal to PERS-66. PERS-66 has 30 days to respond with a favorable decision or to forward the appeal to the Accreditation Advisory Council
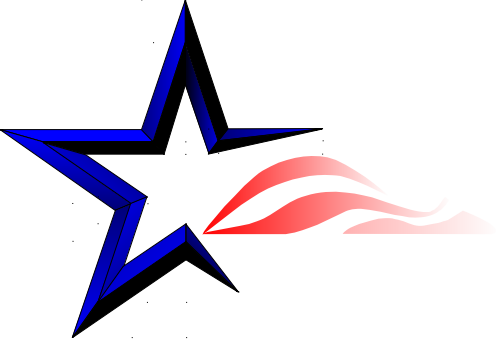
Two Important Documents

- Bill of Rights
  - Rights and responsibilities for the Site, Regional Program staff and Team – Mutual Respect
- Code of Conduct
  - Protocol for Team Members
  - Use of Professional Judgment

Getting Ready

- It's a Navy requirement.
- Strive to be an organization driven by planning and - not by crisis
- Incorporate standards into everyday practice
- Know the materials - make sure you are using the most current version of the Handbook and Management Guide and quarterly updates posted on the PERS-66 website
  - http://www.persnet.navy.mil/pers66/Pers66Web/Html/accedit.htm
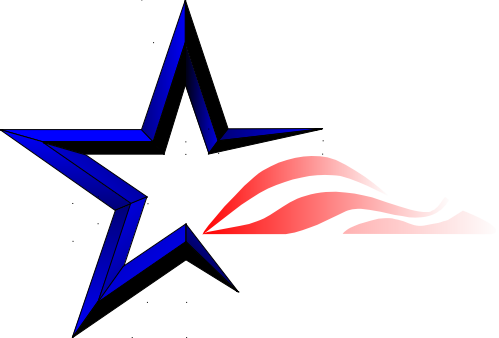
The Four Steps

Step 1: Self-study

Step 2: The Site-Visit

Step 3: The Site Follow-up

Step 4: Accreditation Decision

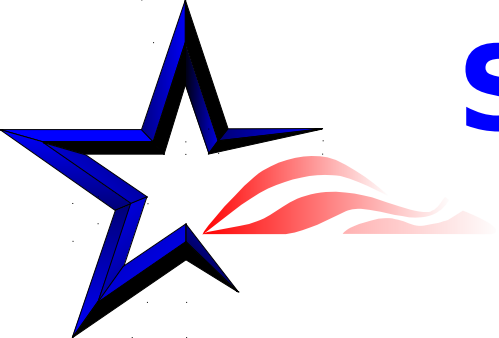# SELF-STUDY

- Very important for a successful review
- Not required
- Strongly recommended!
- Recommend doing at least one year prior to Site Visit
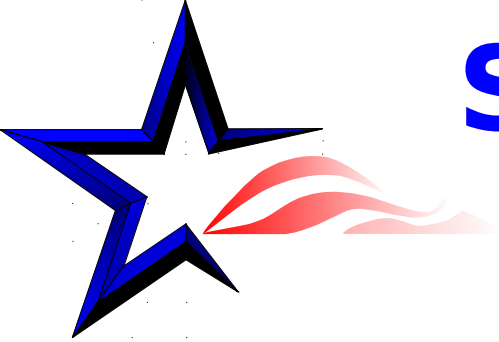
SELF-STUDY TOOL

Use as:

- an orientation guide for new staff
- a guide to daily business operations
- a process improvement tool
- a basis for performance standards and statements of work
- a formal study for preparing for the Accreditation Visit
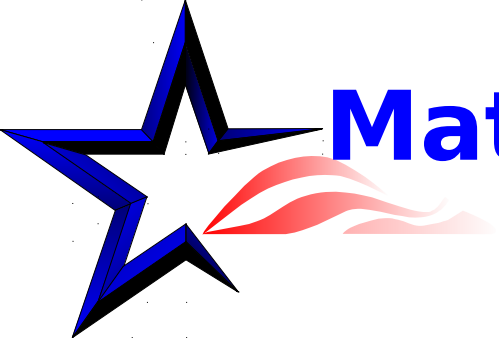
Site Visit – How to Prepare

- Speak up early (before announcement letter) if "legitimate" conflict with proposed team leader/member
- Determine any special clearance issues – e.g. base access
- Determine key staff who will be responsible
- Determine focus group membership
- Prepare a FFSP Overview for first day – think about whether a windshield tour will be value added
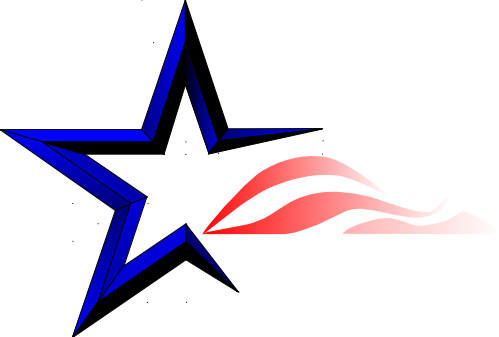
Site Visit – How to Prepare

- Travel logistics for team
- Office logistics – work out any "technology issues"
- Discuss social protocol with staff
- Schedule in and out briefs with command and staff
- Dialogue with Team Leader on any issues prior to and during the visit
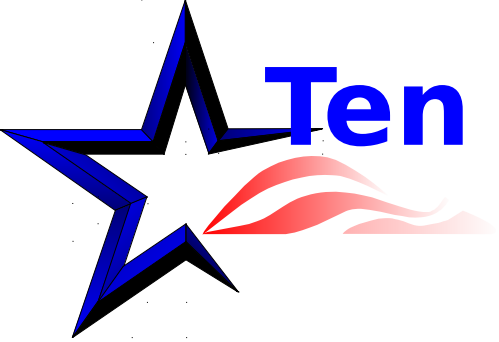- Organize materials

Materials to have available on-site:

- Appropriate "suggested" documentation listed by standard in Tab A of Handbook – NOT required but usually a very good idea

- Updated SOPs -- that staff are familiar with – look at samples from other sites…

- Updated Individual Credential Files and Individual Professional Files

- Current Privileging information from PERS-66

The Follow-up…

- Complete evaluations *before* team leaves
- Celebrate regardless of findings…you've worked hard
- Communicate with your chain of command – remember the process & the philosophy
- Start working on follow-up before you receive the official report – it shouldn't change
- It's OK to request reconsideration if you have the facts
- Professionally organize your follow-up report
- Meet deadlines and follow-up with anyone who doesn't

Ten Steps to Accreditation Success!

1. Get full commitment from the the chain of command.

2. Acquire the most recent standards and handbook and read them (again). Make them a part of your daily way of doing business.

3. Attend training programs, when offered and feasible. Ask for outside help early on if needed

4. Carefully select a Task Force Coordinator to plan the self study process.

5. Formulate an "Action Plan" for completing the self-study—assign responsibilities, set priorities, orient all participants.

Ten Steps to Accreditation Success-Cont'd!

6. Implement the action plan for the self-study—target and monitor completion dates.

7. Interim: prepare for the site-visit—coordinator gathers documentation, prepares the organization, distribute the site schedule, communicate logistics requirements with Team Leader and PERS-66, have a "pep" rally and get mentally ready!

8. The Site-Visit

9. Repeat steps 4 – 6 to accomplish any required follow-up as necessary

10. Celebrate Accomplishments!

For discussion...

- Will they look at all evidence? What about checklist items?
- What if all the client records don't follow a standardized format? How will they handle it with site staff?
- What is the role of the region?
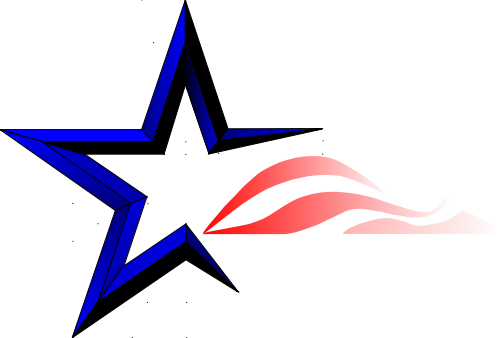- How much will they write-up on the report?
- How do we know if they will recommend a follow-up visit?

For discussion...

- How do you handle "consultation?"
- Do they read ALL of the SOPs?
- How do they select case records to read?
- How much should staff say during an interview?
- How do they aggregate the case record review data on the forms that they use?
- Does the whole team need to agree on an action required or is it one team member's call?
- What if actions required could come under more than one section?

For discussion…

- How will they handle focus group results? What if they get a loose cannon in a focus group?

- What do they do with materials that they leave on-site in the evening?

- What if they discover something illegal, unethical, or dangerous practices on-site —what will they do with that knowledge?

- What should we do with other programs that are not really under review that may exist on-site?

Information Resources

PERS 66 Website:

- FAQs
- Accreditation Findings
- Handbook
- Management Guide
- Updates
- Schedules

Thank You and Best of Luck in Your Pursuit of Accreditation!

A Guide for Conducting a Self-Study

Back Up Slides

Preparing for The Self-Study

- Designate a "Task Force Coordinator" to:
  - track assignments
  - monitor work completion
  - review staff work
  - coordinate "appropriate" assembly of the documentation

Wanted: Coordinator with the Following Qualities:

- Extremely organized
- Has a working knowledge of FFSP standards and process
- Pays attention to detail
- Ability to adhere to timelines
- Ability to hold staff to deadlines
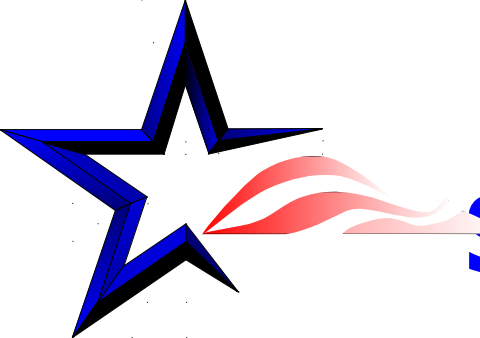- Brings out the best in people

Responsibilities of Coordinator

Task Force Coordinator will be monitoring progress in three categories:

❖ Coordinating the Self-Study Documentation
❖ Assessing Compliance Readiness
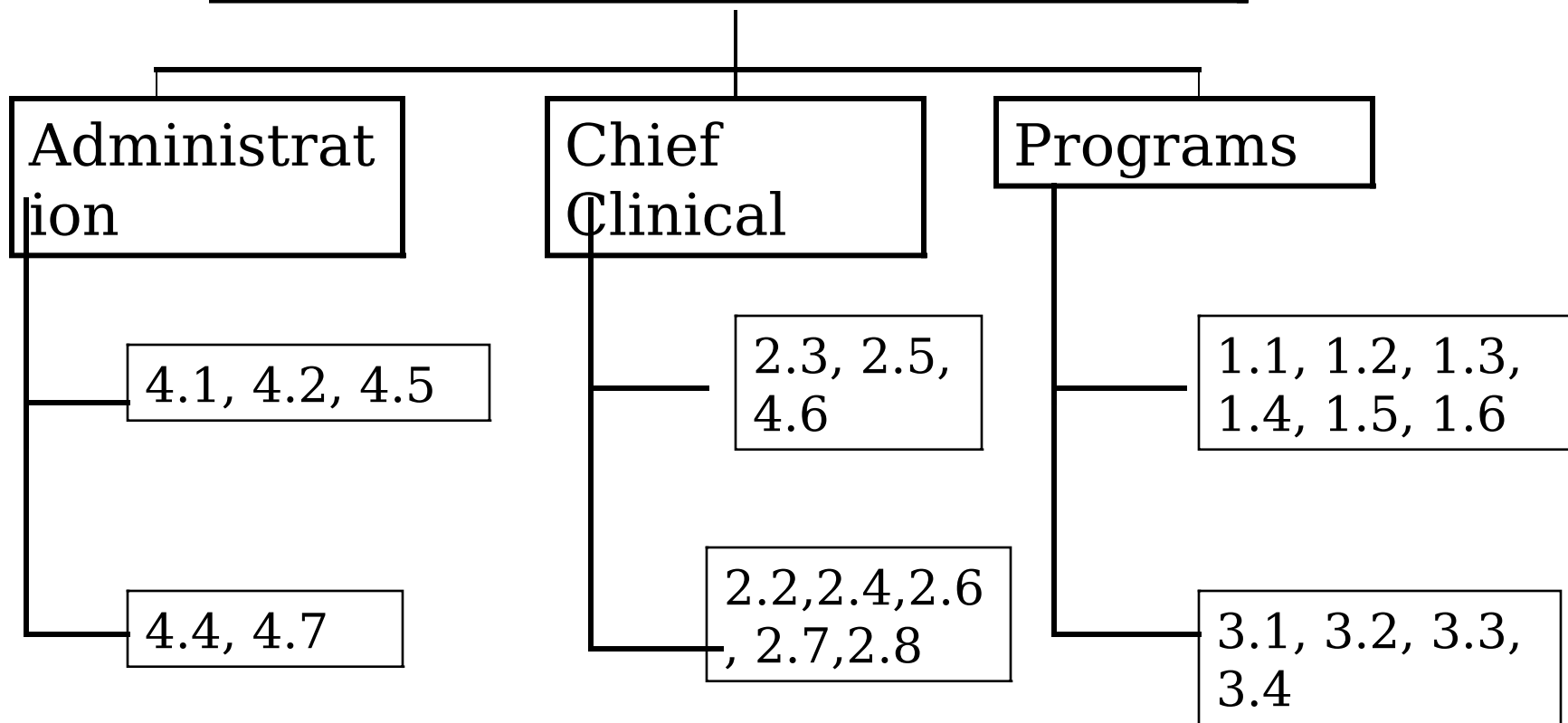❖ Drafting and Tracking Action Plans

Designing an Organizational Model for the Self Study

- Design a model that fits your organizational structure

- Each working group(s) should have a chair

- Staff who have the most impact and authority regarding the standards should serve on working group(s)

- Size and number of working group(s) depend on size of organization and other variables

Structuring the Self-Study Process

```
┌─────────────────────────────────────────┐
│         TASK FORCE COORDINATOR           │
└─────────────────────────────────────────┘
```

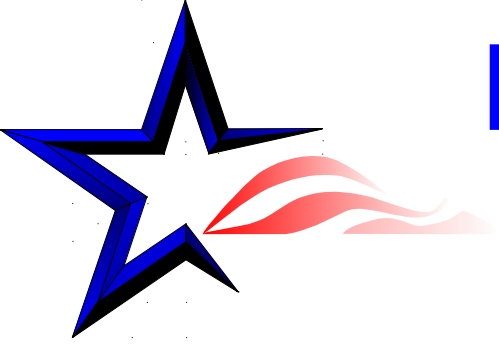| Administration	Chief Clinical	Programs
4.1, 4.2, 4.5	2.3, 2.5, 4.6	1.1, 1.2, 1.3, 1.4, 1.5, 1.6
4.4, 4.7	2.2, 2.4, 2.6, 2.7, 2.8	3.1, 3.2, 3.3, 3.4

Structuring the Self-Study Process

- Group standards where they make sense…(e.g., by staff responsibilities and/or subject matter)

- 4.6 Quality Assurance touches clinical, FAP, and programs – may want to make this a smaller stand-alone work group to cross-reference

- Pay very close attention to the details in the checklists used for Client Record Reviews

- Make sure staff will be able to respond to questions by reviewing the interview matrix

Organizing Work Group Members

- Assign members according to experience with standards
- Provide training re: standard content and self-study process for entire Task Force
- Develop and distribute self-study POA&M
- Articulate and embrace the philosophy of the process!

Philosophy of the Process

The Philosophy of the Accreditation Process is to enhance the Organization.

The Philosophy is *not* to blame staff.

Myth: Meet the standards only if there is no reason not to!

Develop the POA&M

Action Required	Due Date	POC	Status
Attend Training			
1st Staff Meeting			
Assign Standards			
Develop "Remedial Plans"			
List all steps in-between			
Complete Site Visit	******		
Prepare Follow-up	90 days		
Decision Date	30 days		

Remedial Action Plan

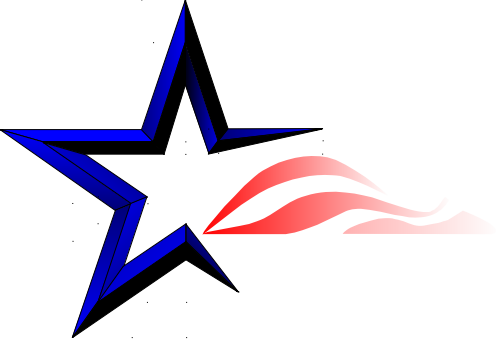| Standard	Summary	What's Needed	Action Plan	Due Date	POC	Status
						IP
2.1	Crisis Response - FFSP roles defined	FFSP roles are defined in Region/ Base Inst	1) Review current Inst 2) Get sample 3) Write draft 4) Submit thru CoC			NA
						C

Remedial Action Plans

For tracking status of Action plans:

- C – Complete
- IP – In Progress
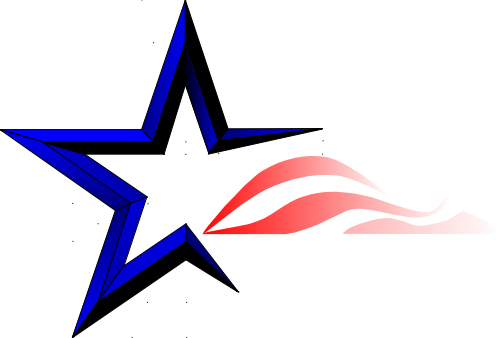- NA – No action (not good 'cause nothing is happening)

Assessing Organizational Readiness

- Carefully review the status of your self-study

- Analyze progress re: "Code Red" trouble spots

- Facilitate and conduct "Mock Peer Reviews" of Case Records

- Ensure staff receives training in areas of change e.g., changes in policies, procedures, forms, practice requirements

29 Program Standards

- Standards based on instructions, regulations, and public law

- Standards grouped by 4 Capabilities:
  - Deployment/Readiness
  - Crisis Response
  - Career Support/Retention
  - Program Management

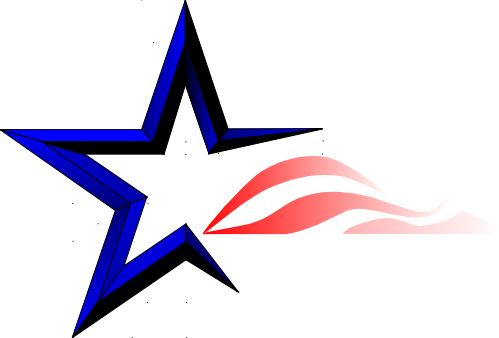- Includes comprehensive FAP standards

29 Program Standards

CAPABILITY 1 Reviewed

DEPLOYMENT/READINESS

- **Command Consultation & Support**
- **Information & Referral Services**
- **Deployment & Mobilization Support**
- **Ombudsman Support**
- **Life Skills Education**
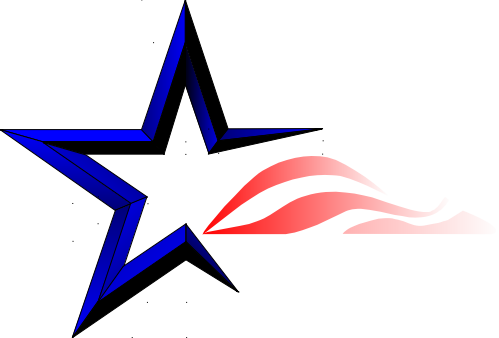- **New Parent Support Program (NPSP)**

29 Program Standards Reviewed

CAPABILITY 2: CRISIS RESPONSE

- Crisis Intervention, Disaster and Threatcon Preparedness
- Sexual Assault Victim Intervention Program (SAVI)
- Clinical Counseling
- Clinical/FAP Record Keeping
- Credentialing and Clinical Supervision
- Family Advocacy Program (FAP)
- FAP Education & Training
- FAP Assessment & Case Management
- FAP Interviews
- Victim Advocacy

29 Program Standards

CAPABILITY 3: **Reviewed**
CAREER SUPPORT/RETENTION

- **Relocation Assistance Program**
- **Transition Assistance Management Prog**
- **Spouse Employment Assistance**
- **Personal Financial Management**

29 Program Standards Reviewed

CAPABILITY 4: PROGRAM MANAGEMENT

- Personnel Management
- Financial Management
- Marketing
- Facility & Equipment Management
- Contract Management
- Quality Assurance (QA)
- Data Collection & Reports
- Privacy Act Provisions
- Community Partnerships